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Amdt. Trans.  
PATENT

Our File No.: 31920 PCT USA

Date: May 16, 2001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Tarro and Brozzo

Serial No. : 09/125,122 Examiner : Bunner, B.

Filed : January 4, 1999 Group Art Unit : 1647

For : PHARMACEUTICAL COMPOSITIONS COMPRISING NATURAL  
HUMAN ALPHA-INTERFERON

Assistant Commissioner for Patents  
Washington, DC 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

1. ☒ Client is a small entity.
2. ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
3. ☐ No additional fee is required.

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CERTIFICATE OF MAILING

I hereby certify that this paper is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on May 16, 2001.

Attorney Name Lisa B. Kole

Registration No. 35,225

Signature \_\_\_\_\_

Date of Signature May 16, 2001

The fee has been calculated as shown below:

	Claims remaining after amend. (Col. 1)	Highest No. Prev. Paid for (Col. 2)		Present extra (Col. 3)	<u>SMALL ENTITY</u>		<u>or</u>	<u>OTHER THAN A SMALL ENTITY</u>	
					<u>RATE</u>	<u>FEE</u>		<u>RATE</u>	<u>FEE</u>
Total	*	Minus **	=	0	x	9 =	\$0	<u>or</u>	x 18 = \$0
Ind.	*	Minus ***	=	0	x	40 =	\$0	<u>or</u>	x 80 = \$0
( ) First Presentation of Multiple Dependent Claim					+	135 =	\$0	<u>or</u>	+ 270 = \$0
TOTAL ADDITIONAL FEE						=	\$0	<u>or</u>	TOTAL = \$0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest No. prev. paid for" in this space is less than 20, write "20" in this space.

\*\*\* If the "Highest No. prev. paid for" in this space is less than 3, write "3" in this space.

- 4.(a)[X] An Extension of Time to respond to the PTO communication dated December 4, 2000 is hereby requested. The required fee, indicated below, is enclosed herewith.

Extension for response (check only one):

	<u>SMALL ENTITY</u>		<u>OTHER THAN A SMALL ENTITY</u>	
Within first month	<input type="checkbox"/>	\$ 55	<input type="checkbox"/>	\$ 110
Within second month	<input type="checkbox"/>	195	<input type="checkbox"/>	390
Within third month	<input checked="" type="checkbox"/>	445	<input type="checkbox"/>	890
Within fourth month	<input type="checkbox"/>	695	<input type="checkbox"/>	1,390

(check and complete the next item, if applicable)

Extension fee due with this request \$445.

or

- (b)[X] In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

5. ☐ Please charge our Deposit Account No. 02-4377 in the amount of \$. Two copies of this sheet are enclosed.

6. [X] A check in the amount of \$600 is attached (\$445 for extension of time and \$155 for Notice of Appeal).

7. [X]

The Commissioner is hereby authorized to charge payment of any additional filing fees required under 37 CFR 1.16 and/or 37 CFR 1.17 associated with this communication or credit any overpayment to Deposit Account No. 02-4377. Two copies of this sheet are enclosed.

BAKER BOTTS L.L.P.

By 

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Enclosures